

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1718865

Issued to: BEARD ROGER

Building Address: 199 VACATION LN

City, State, Zip: WAVELAND, MS 39576

Issued Date: 04-11-2018 Expires: End of occupancy

Occupancy Type: R-1 SFR Home

Special Conditions: WOVE

4-10-18

Building Official

Date



2018 4369 Recorded in the Above Deed Book & Page 04-09-2018 11:25:49 AM Timothy A Kellar

NONCONVERSION AGREEMENT County with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this Ath day of April , 20 18, by Roger Beard
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at 199 Vaccation Ln. In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 1627-0-10-024.000 WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain Management Ordinance of Number 342 and under Permit Number 1718865.
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is <u>ZO + </u> feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
 The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
 The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:
In witness whereof the undersigned set their hands and seals this day of afril, 20 with the central seal of Mississippi, County of Hancock of Mississippi, County of Mississippi

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SEC	TION A - PROPERTY	INFORMATION	73 73 74 75 75 75 F	OR INSUR	ANCE COMPANY USE
A1. Building Owner's Name ROGER BEARD	iff photostance	atru jako	Paranca co	olicy Numb	per:-
A2. Building Street Address (inc Box No. 199 VACATION LANE	luding Apt., Unit, Suite	, and/or Bldg. No.) or P.C	D. Route and	ompany N	AIC Number:
City WAVELAND	State MS	ZIP Code 39	576	i USVIII Jahr use	nudavste var 1,7
A3. Property Description (Lot a TAX PARCEL ID # 162J-0-10-0			Description, etc.)	ele go ou	ni nesu anunci
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition, Accessory, etc.)	RESIDENTIAL	ar a sell	respectiones 1 is
A5. Latitude/Longitude: Lat. 3	0-16-52.6 Lon	ig. 89-22-47.7	Horizontal Datum:	□ NAD 1	927 X NAD 83
A6. Attach at least 2 photograp A7. Building Diagram Number A8. For a building with a crawls a) Square footage of crawl b) Number of permanent fl c) Total net area of flood o d) Engineered flood openin A9. For a building with an attac a) Square footage of attacc b) Number of permanent fl c) Total net area of flood o d) Engineered flood openin	space or enclosure(s): space or enclosure(s): space or enclosure(s) space or enclosure(s): space or e	273 sq ft awlspace or enclosure(s)sq in losq ft tached garage within 1.0sq in	within 1.0 foot above a	idjacent gra	
SI	ECTION B - FLOOD I	NSURANCE RATE MA	P (FIRM) INFORMAT	ION	200 00 00 00 00 00 00 00 00 00 00 00 00
B1. NFIP Community Name & 0 285262 WAVELAND	\		nty Name	J. 13	B3. State MS
B4. Map/Panel Number B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/ Revised Date 10/16/09	B8. Flood Zone(s) AE	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
B10. Indicate the source of the FIS Profile X FIRM B11. Indicate elevation datum B12. Is the building located in a Designation Date: N/A	M Community Determused for BFE in Item B a Coastal Barrier Reso	mined Other/Source:	NAVD 1988 Oth	er/Source:	OPA)? Yes No

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Sec	tion A.	FOR INSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 199 VACATION LANE	Policy Number:		
City WAVELAND State MS ZIP	Company NAIC N	lumber	
SECTION C – BUILDING ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)	
*A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in	ng is complete. FE), AR, AR/A, AR		R/AH, AR/AO.
Indicate elevation datum used for the elevations in items a) through h) below			3,00
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used for the B	FE.		
a) Top of bottom floor (including basement, grawlenges, or angles use floor)	22.5		asurement used.
 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor 		X feet	meters
	N/A		meters
c) Bottom of the lowest horizontal structural member (V Zones only)d) Attached garage (top of slab)	N/A		meters
e) Lowest elevation of machinery or equipment servicing the building	N/A . 22.5	feet	meters
meters (Describe type of equipment and location in Comments)	22.5	<u> </u>	feet
f) Lowest adjacent (finished) grade next to building (LAG)	7.4	X feet	meters
g) Highest adjacent (finished) grade next to building (HAG)	7.6	X feet	meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	N/A	feet	meters
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	244
This certification is to be signed and sealed by a land surveyor, engineer, or arcl I certify that the information on this Certificate represents my best efforts to interstatement may be punishable by fine or imprisonment under 18 U.S. Code, Section 18 U.S. Code,	pret the data availa	y law to certify elevable. I understand to	ation information. hat any false
Were latitude and longitude in Section A provided by a licensed land surveyor?	☑Yes ☐ No	Check here	e if attachments.
Certifier's Name License Number Donald E Ried PLS 3037		With D	EXCLUSION
Title LAND SURVEYOR		AND THE PE	ROFSON
Company Name RIED & ASSOCIATES LLC	7. 1. 2.	Sugar	ace of a
Address 9526 BENESHEEWAH TRAIL	4 7	PS	1017
City State MS	ZIP Code 39571	Blin At	MISSISSON
Signature Date 04/09/18	Telephone 228 205-4007	7	
Copy all pages of this Elevation Certificate and all attachments for (1) community off	icial, (2) insurance	agent/company, and	d (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) B IS 1 FOOT ABOVE BASE FLOOD ELEVATION PER CITY OF WAVELAND BUI LOWEST MACHINERY IS AIR CONDITIONER PUMP AT 22.50 FEET TWO SN INSTALLED IN ENCLOSURE	LDING REGULAT	IONS	2 - mai

IMPORTANT: In these spaces, copy the co	prresponding information f	rom Section A.	amaio de p	OR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, 199 VACATION LANE	and the same of th			Policy Number:	- Du Allertel grafi alle Anu mott ellavi et
City WAVELAND	State MS	ZIP Code 395	5.50 PMC	Company NAIC	Number
	DING ELEVATION INFOR			EQUIRED)	
For Zones AO and A (without BFE), complete complete Sections A, B,and C. For Items E1 enter meters.	e Items E1–E5. If the Certific –E4, use natural grade, if av	cate is intended to ailable. Check the	support a L measurem	OMA or LOMR ent used. In Pu	-F request, erto Rico only,
E1. Provide elevation information for the folk the highest adjacent grade (HAG) and the highest adjacent floor (including basement).	he lowest adjacent grade (LA nent,		w whether th	ne elevation is a	above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basem		feet	wi ld l e hat is	above or	below the HAG.
crawlspace, or enclosure) is	<u>N/A</u>	feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permane the next higher floor (elevation C2.b in the diagrams) of the building is	ent flood openings provided i N/A	n Section A Items ☐ feet		(see pages 1–2 ☐above or	
E3. Attached garage (top of slab) is	. N/A			A CONTRACTOR OF THE STATE OF TH	below the HAG.
E4. Top of platform of machinery and/or equ		[feet	meters		<u> </u>
servicing the building is E5. Zone AO only: If no flood depth number	is available, is the top of the	feet bottom floor elev		It was below.	below the HAG.
floodplain management ordinance?					ation in Section G.
SECTION F - PROPI	ERTY OWNER (OR OWNER	R'S REPRESENT	ATIVE) CEF	RTIFICATION	
The property owner or owner's authorized re community-issued BFE) or Zone AO must si	presentative who completes gn here. The statements in S	Sections A, B, ar Sections A, B, and	nd E for Zon d E are corre	e A (without a fect to the best o	FEMA-issued or f my knowledge.
Property Owner or Owner's Authorized Repr	resentative's Name				s read ahaloific is u.i.
Address	C	City	Stat	е	ZIP Code
<u></u>	gr = tuelel	\	Tala		Salaski yafata ta a
Signature		ate	i eie	phone	an and an analysis
Comments	THE STATE OF THE S		V. 4. 40		
					other constraints
				Check h	nere if attachments.

IMPORTANT: In these spaces, copy the corre	esponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 199 VACATION LANE	uite, and/or Bldg. No.) or P.O. Route and Box No	Policy Number:
City WAVELAND	State MS ZIP Code 39576	Company NAIC Number
SECTION	ON G - COMMUNITY INFORMATION (OPTION	AL) 1 (40 170 Lad
Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	dinance to administer the community's floodplain Certificate. Complete the applicable item(s) and ter meters. en from other documentation that has been signed by law to certify elevation information. (Indicate)	sign below. Check the measurement ed and sealed by a licensed surveyor,
data in the Comments area below.) G2. A community official completed Section Zone AO.	on E for a building located in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for community floodplain mana	gement purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improvemen	t gribbus en sincurar-
G8. Elevation of as-built lowest floor (including of the building:	p basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet meters Datum
G10. Community's design flood elevation:	The distribution of the state o	feet meters Datum
Local Official's Name	Title	
Community Name	Tolophono	see which
Community Name	Telephone	and the second
Signature	Date	is wife with a
Comments (including type of equipment and lo	cation ner C2(e) if applicable)	
3 JF 2 2 4 mp		
- "		
read, 22 No. Harry April		Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 199 VACATION LANE City WAVELAND State MS ZIP Code 39576 FOR INSURANCE COMPANY USE Policy Number: Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT 04/09/18

ELEVATION CERTIFICATE



REAR 04/09/18

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECT	SECTION A - PROPERTY INFORMATION				ANCE COMPANY USE			
A1. Building Owner's Name ROGER BEARD								
A2. Building Street Address (inclu Box No. 199 VACATION LANE	uding Apt., Unit, Suite,	and/or Bldg. No.) or P.O.	Route and	ompany N	AIC Number:			
City WAVELAND	State MS	ZIP Code 395	76, anottavaja in nov	ve ver	Service Services			
A3. Property Description (Lot an TAX PARCEL ID # 162J-0-10-02			escription, etc.)	and grade	in Carleigh Seann a s onar an i			
A4. Building Use (e.g., Resident	ial, Non-Residential, A	addition, Accessory, etc.)	RESIDENTIAL	and in the	S. Pedinda y so Fus			
A5. Latitude/Longitude: Lat. 30-	-16-52.6 Long	g. 89-22-47.7	Horizontal Datum:	□ NAD 1	927 X NAD 83			
A6. Attach at least 2 photograph A7. Building Diagram Number 5 A8. For a building with a crawlsp a) Square footage of crawls	ace or enclosure(s):	gaibhad sar geasg			tion to the second of the seco			
b) Number of permanent flo	od openings in the cra	wlspace or enclosure(s) v	vithin 1.0 foot above a	djacent gra	ade N/A			
c) Total net area of flood op	enings in A8.b N/A	sq in	owe fine contract		sessins remail (d			
d) Engineered flood opening	gs? Yes X	D	20 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19		01(the 8) (the 3/8			
A9. For a building with an attach	ed datade.	And the second second			o*			
Linders Lind that any false	Stratieve etension	00.4	n ing kacamatan da kacamatan Ni ing tanggan da kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan ka					
a) Square footage of attach	4127	sqft			Lipid That e dignts of V			
b) Number of permanent flo	MANY THE RESERVE AND THE PARTY OF THE PARTY		oot above adjacent gra	ide U	erceld house.			
c) Total net area of flood op		sq in			ben't Russian			
d) Engineered flood opening	gs? ∐Yes ⅪN	0						
SEC SEC	CTION B - FLOOD IN	SURANCE RATE MAP	(FIRM) INFORMAT	ION				
B1. NFIP Community Name & Co	ommunity Number	B2. Count	y Name		ATTA 008/4 / 5 83			
285262 WAVELAND		HANCOC	CK		B3. State MS			
B4. Map/Panel B5. Suffix Number 28045C0344 D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/ Revised Date 10/16/09	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base od Depth)			
B10. Indicate the source of the B	ase Flood Flevation (F	REE) data or base flood de	enth entered in Item R	q.				
	Community Determ	es. In vita surreman (4 millor)	pur official le provide					
B11. Indicate elevation datum us	sed for BFE in Item B9	D: □ NGVD 1929 X N	AVD 1988	er/Source:	to entales, per el se da el monto el secolo			
			h a ku n	Y. T.				
B12. Is the building located in a	Coastal Barrier Resou	ırces System (CBRS) area	a or Otherwise Protect	ted Area (0	DPA)? ☐ Yes ☒No			
Designation Date: N/A		CBRS OPA						

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspond	ding information from Sec	tion A.	FOR INSURANCE	E COMPANY USE
Building Street Address (including Apt., Unit, Suite, ar 199 VACATION LANE	d/or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:	
City WAVELAND State	Code 39576	Company NAIC N	lumber	
SECTION C - BUILDING	ELEVATION INFORMAT	ION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: *A new Elevation Certificate will be required who C2. Elevations – Zones A1–A30, AE, AH, A (with BI Complete Items C2.a–h below according to the Benchmark Utilized: USM VRS NETWORK	en construction of the building. FE), VE, V1–V30, V (with BR	E), AR, AR/A, AR/	'AE, AR/A1–A30, A	ed Construction R/AH, AR/AO. neters.
Indicate elevation datum used for the elevations ☐ NGVD 1929 [X] NAVD 1988 ☐ Ot	n a per n	v.		e gedelar ar
Datum used for building elevations must be the	same as that used for the B	FE.	Check the me	asurement used.
a) Top of bottom floor (including basement, cra	wispace, or enclosure floor)	22.5	X feet	meters
b) Top of the next higher floor		N/A	x feet	meters
c) Bottom of the lowest horizontal structural me	ember (V Zones only)	N/A	X feet	meters
d) Attached garage (top of slab)		N/A	feet	meters
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in 		N/A	feet	meters
f) Lowest adjacent (finished) grade next to buil	ding (LAG)	7.4	X feet	meters
g) Highest adjacent (finished) grade next to but	lding (HAG)	7.6	X feet	meters
 h) Lowest adjacent grade at lowest elevation or structural support 	f deck or stairs, including	N/A	feet	meters
SECTION D - SURVEY	OR, ENGINEER, OR ARC	CHITECT CERTIF	ICATION	2,
This certification is to be signed and sealed by a land locality that the information on this Certificate representatement may be punishable by fine or imprisonment	sents my best efforts to inter	pret the data availa	y law to certify elev able. I understand t	ation information. hat any false
Were latitude and longitude in Section A provided by		☐Yes ☐ No	Check here	e if attachments.
Certifier's Name Donald E Ried	License Number PLS 3037		00	XIIII
Title LAND SURVEYOR		200	WIND AL	DE. A. PROFESSION
Company Name RIED & ASSOCIATES LLC	8			RVEYOR A
Address 9526 BENESHEEWAH TRAIL				PA-3037
City PASS CHRISTIAN	State MS	ZIP Code 39571	3.4	F MISSISSON
Signature	Date 12/15/17	Telephone 228 205-4007		THE PARTY OF THE P
Copy all pages of this Elevation Certificate and all attac	chments for (1) community of	ficial, (2) insurance	agent/company, an	d (3) building owner.
Comments (including type of equipment and location IS 1 FOOT ABOVE BASE FLOOD ELEVATION PERBENCH MARK NAIL IN POWER POLE MARKED W	R CITY OF WAVELAND BU	ILDING REGULAT	N C2a IONS	alecs to the I'm
		Sacratification		

				Expiration Bato.	11010111001 00, 2010
IMPORTANT: In these spaces, copy th					CE COMPANY USE
Building Street Address (including Apt., I 199 VACATION LANE	Jnit, Suite, and/or Bldg. No.) o	r P.O. Route and Box		Policy Number:	version to sufficient in TiviA Lore III in 1911, in
City WAVELAND	State MS	ZIP Code 3957		Company NAIC	Number
SECTION E - E	BUILDING ELEVATION INFO FOR ZONE AO AND ZOI			REQUIRED)	
For Zones AO and A (without BFE), comcomplete Sections A, B,and C. For Items enter meters.					
E1. Provide elevation information for the the highest adjacent grade (HAG) a a) Top of bottom floor (including ba	nd the lowest adjacent grade (whether t	he elevation is	above or below
crawlspace, or enclosure) is	<u>N</u>	<u>′A,</u> feet	meters	above or	below the HAG.
 Top of bottom floor (including ba crawlspace, or enclosure) is 	<u>N/</u>	/Afeet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with pern the next higher floor (elevation C2.b the diagrams) of the building is			8 and/or 9 □ meters		
E3. Attached garage (top of slab) is	. N		meters	VA-124 32	below the HAG.
E4. Top of platform of machinery and/or servicing the building is		/A			
E5. Zone AO only: If no flood depth num floodplain management ordinance?		feet ne bottom floor elevate nown. The local offici		ordance with the	community's
SECTION F - PR	OPERTY OWNER (OR OWN	ER'S REPRESENTA	TIVE) CEI	RTIFICATION	gau had sittig
The property owner or owner's authorize community-issued BFE) or Zone AO must Property Owner or Owner's Authorized F	st sign here. The statements in	es Sections A, B, and B n Sections A, B, and B	I E for Zon ≣ are corre	e A (without a fect to the best o	f my knowledge.
Address	-11	City	Sta	te	ZIP Code
Address		City	Ola		pri or vinumin
Signature		Date	Tele	phone	
Comments	216				6 800
		gas keemiliaan resk	3701 (P. E. //	14 Land 19 17 24	A grabatorin sa sa an
1					
The area parts Alexan equal.				Check !	nere if attachments.

IMPORTANT: In these spa	ces, copy the corre	sponding information	from Section A. question	FOR INSURANCE COMPANY USE
Building Street Address (inc 199 VACATION LANE	cluding Apt., Unit, Sui	ite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City WAVELAND	Aryrighted P	State MS	ZIP Code 39576	Company NAIC Number
1	CARLO SECTIO	N G - COMMUNITY IN	FORMATION (OPTIONAL	18-230202.
	d G of this Elevation	Certificate. Complete the		management ordinance can complete sign below. Check the measurement
engineer, or arch	in Section C was take nitect who is authorize ments area below.)	n from other documen d by law to certify elev	tation that has been signed attion information. (Indicate	d and sealed by a licensed surveyor, the source and date of the elevation
or Zone AO.	naeli aniera	156:	1	EMA-issued or community-issued BFE)
G3. The following info	ormation (Items G4–0	G10) is provided for co	mmunity floodplain manag	ement purposes.
G4. Permit Number	oneton []cbrw	G5. Date Permit Issu	ed G6	6. Date Certificate of Compliance/Occupancy Issued
Elament wirso, The	Tracks Takes	leoi[]	4., <u>i, Irig</u>	de de la feller a chambline en charact se en aregine building
G7. This permit has been	issued for:	New Construction	Substantial Improvement	Sizes At Log Tablish or Inspire
G8. Elevation of as-built lo of the building:			SSC 1 COLD 28Y T	eet meters Datum
G9. BFE or (in Zone AO)	depth of flooding at th		/140 X 34 PTM 10 YT 93	eet meters Datum
G10. Community's design	uertaezh Alle aciù fallio. ad eril al Liomas aie :	and A Monorthe size.	elegrica oraz el rejercio. Estromatico e fil estantia	eet meters Datum
Local Official's Name			Title	de luga pilju e rydewy i kore i na ktoded
9500 PIS				
Community Name	edodente T	e.C	Telephone	suis-n
Signature)e 122	Date	america ,
Comments (including type	of equipment and loc	ation, per C2(e), if app	licable)	
-				
				□ Check here if attachments.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY L	JSE
A1. Building Owner's Name ROGER BEARD	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 199 VACATION LANE	Company NAIC Number:	
City WAVELAND State MS ZIP Code 39576		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID # 162J-0-10-024.000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	enggg vog verely, . To	
A5. Latitude/Longitude: Lat. 30-16-52.6 Long. 89-22-47.7 Horizontal Date	um: NAD 1927 X NAD 83	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu A7. Building Diagram Number 5 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft	urance. Consideration of the second of the	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abo	ve adjacent grade N/A	
c) Total net area of flood openings in A8.b N/A sq in	and the state of t	_
d) Engineered flood openings?		
A9. For a building with an attached garage: a) Square footage of attached garage N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacence. c) Total net area of flood openings in A9.b N/A sq in	at grade 0	vv
d) Engineered flood openings? Yes X No	60m co 2056 GM	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM	MATION	
B1. NFIP Community Name & Community Number 285262 WAVELAND B2. County Name HANCOCK	B3. State MS	
B4. Map/Panel Number 28045C0344 B5. Suffix Date Date Effective/Revised Date 10/16/09 B7. FIRM Panel Effective/Revised Date 10/16/09 AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Ite FIS Profile X FIRM Community Determined Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988	em B9: Other/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Pro-	otected Area (OPA)? ☐ Yes ☒\n	10

IMPORTANT: In these spaces, copy the corresponding i	IMPORTANT: In these spaces, copy the corresponding information from Section A.				
Building Street Address (including Apt., Unit, Suite, and/or E 199 VACATION LANE	Policy Number:	æ			
City WAVELAND State MS	Company NAIC N	lumber			
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: X Constructio *A new Elevation Certificate will be required when cor		er Construction*	Finish	ed Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the buildi Benchmark Utilized: USM VRS NETWORK	E, V1–V30, V (with BF ng diagram specified i	E), AR, AR/A, AR/			
Indicate elevation datum used for the elevations in ite	ms a) through h) below	v.			
☐ NGVD 1929 💢 NAVD 1988 ☐ Other/So		e los e el	1 178 n. 28 5-31		
Datum used for building elevations must be the same	as that used for the B	FE.	Check the me	asurement used.	
a) Top of bottom floor (including basement, crawlspa	ce, or enclosure floor)	21.0	X feet	meters	
b) Top of the next higher floor		N/A	X feet	meters	
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A	X feet	meters	
d) Attached garage (top of slab)		N/A	feet	meters	
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comn		N/A	feet	meters	
f) Lowest adjacent (finished) grade next to building ((LAG)	6.5	X feet	meters	
g) Highest adjacent (finished) grade next to building	(HAG)	7.0	X feet	meters	
 h) Lowest adjacent grade at lowest elevation of deck structural support 	or stairs, including	N/A	feet	meters	
SECTION D - SURVEYOR, I	ENGINEER, OR ARC	HITECT CERTIF	ICATION	n.*	
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents a statement may be punishable by fine or imprisonment und	my best efforts to inter	pret the data availa	y law to certify elev able. I understand t	ation information. that any false	
Were latitude and longitude in Section A provided by a lice			Check here	e if attachments.	
Certifier's Name Donald E Ried	License Number PLS 3037		AL	DE. P.	
Title LAND SURVEYOR	17 200 51		NA ON BEOF	ROFESTO	
Company Name RIED & ASSOCIATES LLC			10 A A A	eal u	
Address 9526 BENESHEEWAH TRAIL			THE STATE OF THE S	GENG7 CS	
City PASS CHRISTIAN	State MS	ZIP Code 39571	A STATE OF	MSSI	
Signature	Date 07/06/17	Telephone 228 205-4007	-		
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) community off	icial, (2) insurance	agent/company, an	d (3) building owner.	
Comments (including type of equipment and location, per IS 1 FOOT ABOVE BASE FLOOD ELEVATION PER CITY BENCH MARK NAIL IN POWER POLE MARKED WITH C	Y OF WAVELAND BUI	LDING REGULAT	N C2a IONS	- al	
• "					

IMPORTANT: In these spaces, copy the	e corresponding information from	Section A.	FOR INSI	JRANCE COMPANY USE
Building Street Address (including Apt., I 199 VACATION LANE	Unit, Suite, and/or Bldg. No.) or P.O.	Route and Box N	o. Policy Nu	mber:
City WAVELAND	State MS	ZIP Code 39576	Company	NAIC Number
SECTION E - E	BUILDING ELEVATION INFORMA FOR ZONE AO AND ZONE A (D)
For Zones AO and A (without BFE), com complete Sections A, B,and C. For Items enter meters.	plete Items E1–E5. If the Certificate E1–E4, use natural grade, if availab	is intended to sup ble. Check the me	pport a LOMA or I asurement used.	OMR-F request, In Puerto Rico only,
E1. Provide elevation information for the the highest adjacent grade (HAG) at a)Top of bottom floor (including bat)	nd the lowest adjacent grade (LAG). sement,		hether the elevati	e la cesta de Maria de la cesta de
crawlspace, or enclosure) is b) Top of bottom floor (including ba crawlspace, or enclosure) is		feet	Control of the Control	ove or below the HAG.
250 C 10 10 10 10 10 10 10 10 10 10 10 10 10	. N/A	feet	120	ove or below the LAG.
E2. For Building Diagrams 6–9 with perm the next higher floor (elevation C2.b the diagrams) of the building is		ection A Items 8 a		es 1–2 of Instructions), ove or
E3. Attached garage (top of slab) is	<u>N/A</u>	feet	metersabc	ove orbelow the HAG.
E4. Top of platform of machinery and/or servicing the building is	equipment N/A	∏feet □	meters	ove or below the HAG.
E5. Zone AO only: If no flood depth num floodplain management ordinance?				ith the community's information in Section G.
SECTION F - PR	OPERTY OWNER (OR OWNER'S F	REPRESENTATIV	/E) CERTIFICAT	ION
The property owner or owner's authorize community-issued BFE) or Zone AO mus	st sign here. The statements in Secti	ctions A, B, and E ons A, B, and E a	for Zone A (without to the	out a FEMA-issued or best of my knowledge.
Property Owner or Owner's Authorized F	Representative's Name			
Address	City		State	ZIP Code
Signature	Date		Telephone	
Comments				
		and med		
**.				
and the second			□с	heck here if attachments.

OMB No. 1660-0008

Expiration Date: November 30, 2018

MPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 199 VACATION LANE		o. Policy Number:
City WAVELAND	State MS ZIP Code 39576	Company NAIC Number
(OURTE PAR SECTIO	ON G - COMMUNITY INFORMATION (OPTION	JAL)
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the applicable item(s) an	
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentation that has been signed by law to certify elevation information. (Indic	ned and sealed by a licensed surveyor, ate the source and date of the elevation
G2. A community official completed Section Zone AO.	on E for a building located in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for community floodplain man	agement purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improveme	nt
G8. Elevation of as-built lowest floor (including of the building:	p basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet meters Datum
G10. Community's design flood elevation:	rain is a moderate planter and an incompagn	feet meters Datum
Local Official's Name	Title	
50:1 2 RIV (2015)	NO	غيارا وي
Community Name	Telephone	
Signature	Date	200 (000 400)
Comments (including type of equipment and loa	cation, per C2(e), if applicable)	
Comments (modaling type of equipment and loc	Sation, per G2(e), ii applicable)	
		Check here if attachments.